



Do you have your NPI? National Provider Identifiers (NPIs) will be required on claims sent on or after May 23, 2007. Every health care provider needs to get an NPI. Learn more about the NPI and how to apply for an NPI by visiting <http://www.cms.hhs.gov/NationalProvIdentStand/> on the CMS web site.

MLN Matters Number: MM4389

Related Change Request (CR) #: 4389

Related CR Release Date: May 26, 2006

Effective Date: March 20, 2006

Related CR Transmittal #: R57NCD and R961CP

Implementation Date: October 3, 2006

MMA - Coverage for Home Use of Oxygen Included in Clinical Trials

Provider Types Affected

Providers, physicians, and suppliers who bill Medicare regional home health intermediaries (RHHIs) and/or durable medical equipment regional carriers (DMERCs) for home use of oxygen services

Key Points

- On March 20, 2006, the Centers for Medicare & Medicaid Services (CMS) announced a National Coverage Determination (NCD) covering the home use of oxygen for Medicare beneficiaries who are enrolled in a CMS approved clinical trial sponsored by the National Heart, Lung & Blood Institute (NHLBI), with arterial oxygen partial pressure measurements from 56 to 65 mmHg, or whose oxygen saturation is at or above 89%.
- Please note that this decision does not change coverage for the home use of oxygen provided outside the clinical trials currently identified in Pub. 100-03, the NCD Manual, Chapter 1, Part 4, Section 240.2, Home Use of Oxygen (Please see Additional Information section below for link to CR4389.)
- Your RHHI or DMERC will continue to make local determinations of reasonable and necessary services (based on existing guidance provided by CMS policy) for medically accepted home uses of oxygen that are not addressed in section 240.2, Home Use of Oxygen of the NCD manual.

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Billing Guidelines

- Beginning March 20, 2006, to be paid for the home use of oxygen (in the above described situation), the patient must be participating in an approved clinical trial and this must be reflected on the Medicare claim.
- To report this on a claim to a DMERC, use **modifier “QR”** when reporting the home use of oxygen furnished during an approved clinical trial identified by CMS and sponsored by the NHLBI, for fee-for-service (FFS) beneficiaries who have arterial oxygen partial pressure measurements from 56 to 65 mmHg, or oxygen saturation at or above 89%. When modifier QR is attached to a HCPCS code, it generally means the service is part of a CMS-related clinical trial, demonstration or study.
- For claims submitted to RHHIs, use condition code 30 and ICD-9-CM diagnosis code of V70.7 in the second diagnosis code position for reporting home use of oxygen furnished during an approved clinical trial for beneficiaries (in FFS or under a Medicare Advantage (MA) plan) who have arterial oxygen partial pressure measurements from 56 to 65mmHg or oxygen saturation at or above 89%.
- Healthcare Common Procedure Coding System (HCPCS) codes recognized as clinical trial codes for home use of oxygen when the modifier “QR” (DMERC claims) or when condition code 30 and ICD-9-CM diagnosis code of V70.7 are present in the second diagnosis code (RHHI claims) include:
 - E0424, E0425, E0430, E0431, E0434, E0435, E0439, E0440, E0441, E0442, E0443, E0444, E0445, E1390, E1391, E1405, E1406, E1392, A4575, A4606, A4608, A4615, A4616, A4617, A4619, A4620, A7525, A9900, E0455, E0555, E0580, E1353, and E1355.
 - Providers and suppliers should note that any accessory codes listed above are included in the base oxygen fee and are not separately payable under the current policy.
 - Note that Medicare will apply applicable coinsurance for MA plan beneficiaries when reporting home use of oxygen furnished during an approved clinical trial.
- Additionally, you must use the Oxygen Certificate of Medical Necessity (CMN) (CMN, Form CMS-484, also known as the DMERC 484.2) for claims submitted for the approved clinical trial for the home use of oxygen. Subsequent claims will be paid based upon the initial date and status of the initial CMN.
- Clinical trial services claims under MA plans shall continue to be billed separately from non-clinical trial services.

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Additional Information

Additional information about this policy can be found in the following manual sections attached to the two transmittals for CR4389.

- The NCD can be found in transmittal 57, CR4389, at <http://www.cms.hhs.gov/Transmittals/downloads/R57NCD.pdf> on the CMS web site.
- Claims processing instructions are available in Transmittal 961, CR4389, which is available at <http://www.cms.hhs.gov/Transmittals/downloads/R961CP.pdf> on the CMS site.

Please refer to your local RHHI or DMERC if you have questions about this issue. To find the toll free phone number of your RHHI or DMERC, go to <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.pdf> on the CMS web site.

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